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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40848

(4)

1. Corporation Name

MASSACHUSETTS GLASS SERVICE, INC.

Principal Place of Business

30101 AGOURA CT.
AGOURA HILLS CA 91301

Mailing Address

30101 AGOURA CT.
AGOURA HILLS CA 91301-4300

3. Date Incorporated or Qualified

10/05/1992

3a. Date of Last Report

02/19/1996

2. Principal Place of Business

21 30495 Canwood Dr

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Agoura Hills CA

Zip

24 91301

Country

25 USA

2a. Mailing Address

26 30495 Canwood Dr

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Agoura Hills, CA

Zip

29 91301

Country

30 USA

4. FEI Number

95-4263946

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

DELOIAN, SHARRON
1180 S.W. 38TH AVE., S-204
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME MITCHEL, LAWRENCE T.
STREET ADDRESS 1 WESTBROOK CORP. CENTER
CITY - ST - ZIP WESTCHESTER IL

TITLE VPD ☐ DELETE

NAME MITCHEL, DEANNA
STREET ADDRESS 1 WESTBROOK CORP. CENTER
CITY - ST - ZIP WESTCHESTER IL

TITLE S ☐ DELETE

NAME MITCHEL, ANDREA
STREET ADDRESS 1 WESTBROOK CORP. CENTER
CITY - ST - ZIP WESTCHESTER IL

TITLE T ☐ DELETE

NAME PIERCZYNSKI, JANET M.
STREET ADDRESS 1 WESTBROOK CORP. CENTER
CITY - ST - ZIP WESTCHESTER IL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97

Date

7084496060

Daytime Phone #

CR2E034 (9/96)